

DATE OF APPLICATION

DATE RECEIVED (AGENCY USE ONLY)

## SECTION A – APPLICANT

**APPLICANT INFORMATION**

NAME OF APPLICANT  
 CHIEF ELECTED OFFICIAL  
 TYPE OF ENTITY  
 FEDERAL TAX ID NUMBER  
 MAILING ADDRESS  
 CITY, STATE, ZIP CODE  
 TELEPHONE #  
 CONTACT PERSON  
 TELEPHONE #

FAX #

E-MAIL

FAX #

**DEVELOPER/SPONSOR**

NAME  
 TYPE OF ENTITY  
 FEDERAL TAX ID  
 MAILING ADDRESS  
 CITY, STATE, ZIP CODE  
 TELEPHONE #  
 CONTACT PERSON  
 TELEPHONE #

FAX #

E-MAIL

FAX #

**OWNER**

NAME  
 TYPE OF ENTITY  
 FEDERAL TAX ID  
 MAILING ADDRESS  
 CITY, STATE, ZIP CODE  
 TELEPHONE #  
 CONTACT PERSON  
 TELEPHONE #

FAX #

E-MAIL

FAX #

**DEVELOPMENT TEAM**

GENERAL PARTNER  
 CONTRACTOR  
 MANAGEMENT COMPANY  
 GRANT WRITER/CONSULTANT  
 TAX ATTORNEY  
 ARCHITECT

TELEPHONE #

TELEPHONE #

TELEPHONE #

TELEPHONE #

TELEPHONE #

TELEPHONE #

**DEVELOPMENT TEAM AND/OR OWNERSHIP IDENTITY OF INTEREST**

Do any members of the development team or ownership entity have any direct or indirect, financial or other interest with any of the other project team members (including owners interest in construction company or subcontractors)? YES\* ☐ NO ☐

\*if yes, provide a description of the relationship \_\_\_\_\_